FIS 0171 (4/00) Michigan Office of Financial & Insurance Services	Divis
Report of Insurers in the Holding Company	

Division of Insurance

If applicant is associated with a holding company, complete this form. Enter complete information for each insurer in the holding company.

Year this report is based on:
Must be most recent year end

Yes

Enter information			Enter information ba	on based on the latest year-end. Indicate report used.					
Name of applicant company									
NAIC Number	Company name	Country or state of domicile	Assets	Liabilities	Policyholder's surplus	A.M. Best rating	S & P rating	Moody's rating	Licensed in Michigan?
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No
									Yes No

Our web address is: http://cis.state.mi.us/ins Our toll free phone number is 1-877-999-6442 PA 218 of 1956 as amended, requires submission of this form by companies applying for admission to Michigan. Failure to complete and submit this form properly could result in denial of your application, compliance action or revocation of applicant's Michigan license if issued.

